

CUSTOMER CONSENT/DECLARATION AND ASSIGNMENT FORM CDF Ver 4.6

Applicable for applicants signing in English.

Applicants affixing thumb impression or signing in vernacular language, please ensure relevant confirmation from the witness (attach vernacular declaration). In such cases it would be presumed that the witness would have explained contents of the form and this declaration to the applicant before submission.



Proposal Number **SNGLI0000196**

Loan Account Number

I. Details of the Life to be Assured (Applicant)

Full Name (Leave a blank space between First and Last Name)

Mr. ☒

Ms. ☐

Dr. ☐

SHRIMANT HANUMANT SHINDE

Mobile* + Country Code

*Receive alerts through SMS

9850075855

Email ID*

*Receive communication via e-mail

II. Personal Details of the Life to be Assured

Detailed Medical Questionnaire

SUPPRESSING FACTS OR GIVING WRONG INFORMATION WILL ADVERSELY IMPACT PAYMENT OF YOUR CLAIM

Is the answer to any of the below mentioned medical questions (Q.No.1 to 8) Yes?

Yes

No ☒

1. Do you consume or have consumed any of the following?

i. Do you smoke more than 10 cigarettes/beedis a day?

ii. Do you consume more than 60ml of alcohol in a day?

iii. Do you consume any narcotics?

iv. Do you chew more than 30 gms of Tobacco (Gutka) per day?

2. Family details of the life to be assured (include parents/sibling) Are any of your family members suffering from/have suffered from/have died of heart disease, Diabetes Mellitus, cancer, or any other hereditary/familial disorder, before 55 years of age? if yes please provide details below,

3. Have you lost weight of 10 kgs or more in the last six months?

4. Do you have any congenital defect/abnormality/physical deformity/handicap?

5. Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in past?

6. Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?

7. Have you ever suffered or been diagnosed with or been treated for any of the following?

Hypertension/High BP/high cholesterol

Undergone angioplasty, bypass surgery, heart surgery

Asthma, Tuberculosis or any other respiratory disorder

Any Gastro intestinal disorders like Pancreatitis, colitis etc.

Genitourinary disorders related to kidney, prostate, urinary

system HIV infection/AIDS or positive test for HIV

Psychiatric or mental disorders

Chest pain/Heart attack/any other heart disease or problem

Diabetes/High blood sugar/sugar in urine

Nervous disorders/stroke/paralysis/epilepsy Liver

disorders/Jaundice/Hepatitis B or C

Cancer, Tumour, Growth or cyst of any kind Any blood disorders like

anaemia, Thalassemia etc Any other disorder not mentioned above

8. To be answered by female lives only

a. Have you ever suffered/are suffering from or have undergone any investigation or treatment for any gynecological complications such as, disorder of cervix, uterus, ovaries, breast, breast lump/cyst etc.?

b. Are you pregnant at present? If yes, please mention number of weeks

III. Membership details

1. Membership Term **3** Years

4. Coverage Option - Reducing

2. Annual Premium Amount (in

5. Premium Payment Term - Single pay

3. Death Benefit (in `): Death benefit/ Sum Assured is equal to loan amount

IV. Nominee Details

Full Name (Leave a blank space between First and Last Name)

PRAVIN SHRIMANT SHINDE

DOB **06-05-1995**

Male ☒

Female ☐

Relationship with Life Assured

Son

Full Name (Leave a blank space between First and Last Name)

DOB

Male

☐

Female

☐

Relationship with Life Assured

VI. Declaration & Authorization

I/We declare that I/we have answered the questions in the Member form and have duly signed it after understanding its contents. I/We have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the Member form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life/lives to be assured are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. I/We have made no statement to the Master policy holder, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me/ us in this application form. I/We undertake to notify the Company of any change in the information given by me/ us in the Member form with respect to the Life/ Lives to be Assured subsequent to the signing of this Member form and before the receipt of the Certificate of Insurance. I/We also understand that the terms and conditions including the premium and the benefits payable under the Membership are subject to variation/ taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my/our consent to undergo HIV1/2 test. I/We am/are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to mail all service related communications to the email id as mentioned in the application form (applicable only if email id provided). The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance. In order to enable the Company to assess the risk under proposal and any time thereafter, I/we hereby, authorize the past and present employer(s)/business associates/medical practitioner(s)/hospital and medical source/any life and non-life insurance Company to provide the records of employment/business or other details as may be considered relevant. This application form shall be a part of the life insurance Membership contract, in case of its acceptance by the Company. I understand that in case of fraud or misrepresentation by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time. I, _____ have understood all the terms and conditions of the Rules of the Group insurance schemes of Equitas Small Finance Bank Limited offering Group Loan Secure product and I wish to be a member of the scheme. I, authorize the Group organizer Equitas Small Finance Bank Limited to take group insurance on my behalf. I/We agree and authorize the Company to verify/share my/our documents/ other information provided herein on confidential basis within ICICI group and/or with third party agencies or if sought by any public authority.

CONSENT FOR ALLOWING SPLIT PAYMENT (Applicable only for Regulated entities*)

With reference to extending coverage of life insurance Group Loan Secure policy of ICICI Prudential, under lender borrower group, you have an option to allow ICICI Prudential to initiate split payment of the claim amounts due to nominee appointed by you, on the happening of any contingent event, to the extent of outstanding loans in the name of Equitas Small Finance Bank Limited. In this regard, the remaining proceeds of the claims due may accordingly be addressed in the name of the nominee.

I hereby provide my consent to allow ICICI Prudential to initiate split payment of the claim amount to Equitas Small Finance Bank Limited to the extent of outstanding loan.

☒ Yes ☐ No

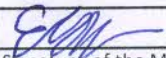
The above declaration and other details as furnished by me, are true to the best of my knowledge.

Name of the Member:

The lender (Regulated entities) should be registered entity of Reserve Bank of India (RBI) / Regulated Scheduled Commercial Banks / NBFCs having Certificate of Registration from RBI / National Housing Bank (NHB) Regulated Housing Finance Companies.

Date 09-01-2019

Place SANGLI


Signature of the Member

VII. Payout Mode (Choose any one mode only)

Mode selected would be used by the company to make payout(s). Payout would be in accordance and subject to the terms and conditions of the policy. Cheque would be used if none of the below Electronic Payout Option is chosen.

- | | | | |
|--------------------|---|-----------------|---|
| 1. Mode of Deposit | <input type="checkbox"/> ECS <input type="checkbox"/> Direct Credit (Select Banks only) <input type="checkbox"/> NEFT | 2. Account Type | <input type="checkbox"/> Current <input type="checkbox"/> Savings |
| 3. Bank Name | <input type="text"/> | 4. Bank Branch | <input type="text"/> |
| 5. Account Number | <input type="text"/> | 6. MICR Code | <input type="text"/> |
| 7. IFSC Code | <input type="text"/> | | |

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option. Electronic Payout Option is chosen.

Signature of the Proposer

VIII. Declaration (If signed in Vernacular language / If you have affixed a Thumb impression above)

Applicable where the Proposer is illiterate or is suffering from disability due to which writing is restricted or where the Proposer has signed in

Declaration by Witness: This is to certify that I have read out and explained the contents of the proposal to

(Name of the Proposer) _____ Post which the proposer has affixed his / her thumb impression

I _____ Name of Witness further declare that whatever details and information I have recorded in the proposal and have been provided to me by the proposer only after understanding the nature of questions. Responses given by the proposer have been thoroughly read out to him/her and the same has been confirmed by him/her to be correct.

Relationship with Proposer: _____ Contact Details: _____

Address of Witness _____

Declaration by Proposer: In the consideration of the above declaration by witness, I / we confirm that the contents of the proposal and the customer declaration form have been read out and explained to me / us and I / we have understood the same. I affirm that the information has been provided by me in light of the explanation provided by the witness. I further confirm that the details and preferences required in the form, have been recorded accurately by the witness and are in accordance with the instructions given by

Date 09-01-2019

Place SANGLI

Signature of Witness

(The above must be witnessed by someone other than the Agent / employee of the Company)

IX. THE INSURANCE LAWS (AMENDMENT) ACT, 2015

Section 41 Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 Policy not to be called in question on ground of mis statement after three years: (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Explanation I. For the purposes of this sub-section, the expression fraud means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true; (b) the active concealment of a fact by the insured having knowledge or belief of the fact; (c) any other act fitted to deceive; and (d) any such act or omission as the law specially declares to be fraudulent. Explanation II. Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak. (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer. (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Explanation For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.